

P21481.A03



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Toshiki KINDO et al. Group Art Unit: 3625
Appl. No. : 09/964,797 Examiner: Matthew S. Gart
Filed : September 28, 2001
For : MARKET RESEARCH SYSTEM, MERCHANDISE INFORMATION EVALUATION SYSTEM AND E-COMMERCE SYSTEM PROVIDED THEREWITH

RESPONSE TO RESTRICTION REQUIREMENT WITH TRAVERSE

Commissioner for Patents
U.S. Patent and Trademark Office
Customer Service Window, Mail Stop _____
Randolph Building
401 Dulany Street
Alexandria VA 22314

Sir:

In response to the Official Action of December 7, 2005, in which a one-month shortened statutory period for response was set to expire on January 7, 2006, Applicants respectfully elect Invention I, as set forth by the Examiner, comprising claims 1-15, 18-26 and 28, with traverse, for the reasons as will be set forth hereinbelow.

Remarks begin on page 2 of this Response.



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IFW!

Attorney Docket No. P21481

In re application of: Toshiki KINDO et al.

Application No. : 09/964,797

Mail Stop Amendment

Group Art Unit : 3625

Filed : September 28, 2001

Examiner : Matthew s. Gart

For : MARKET RESEARCH SYSTEM, MERCHANDISE INFORMATION EVALUATION
SYSTEM AND E-COMMERCE SYSTEM PROVIDED THEREWITH

Mail Stop Amendment

Commissioner for Patents

U.S. Patent and Trademark Office

Customer Service Window, Mail Stop Amendment

Randolph Building

401 Dulany Street

Alexandria, VA 22314

Sir:

Transmitted herewith is a **Response to Restriction Requirement with Traverse** in the above-captioned application.

Small Entity Status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a previously filed statement.
 A Request for Extension of Time.
 No additional fee is required.

The fee has been calculated as shown below:

Claims After Amendment	No. Claims Previously Paid For	Present Extra	Small Entity		Other Than A Small Entity	
			Rate	Fee	Rate	Fee
Total Claims: 31	*31	0	x25=	\$	x 50=	\$0.00
Indep. Claims: 6	**6	0	x100=	\$	x200=	\$0.00
Multiple Dependent Claims Presented			+180=	\$	+360=	\$0.00
Extension Fees for ___ Month(s)				\$		\$0.00
* If less than 20, write 20			Total:	\$	Total:	\$0.00
** If less than 3, write 3						

Please charge my Deposit Account No. 19-0089 in the amount of \$_____.

N/A A check in the amount of \$____ to cover the filing/extension fee is included.

X The U.S. Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-0089.

X Any additional filing fees required under 37 C.F.R. 1.16.

X Any patent application processing fees under 37 C.F.R. 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 C.F.R. 1.136(a)(3)).

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